



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known	
Application Number	10/657,146-Conf. #1672
Filing Date	September 9, 2003
First Named Inventor	Jian Ni
Examiner Name	Not Yet Assigned
Art Unit	1642
Attorney Docket No.	PF400D1C1D1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number 08-3425

Deposit Account Name Human Genome Sciences, Inc.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

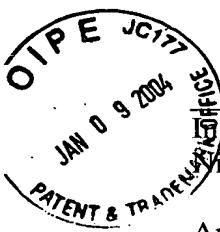
		Extra Claims	Fee from below	Fee Paid
Total Claims	15	-20** =	<input type="text"/> x <input type="text"/> =	0.00
Independent Claims	2	-3** =	<input type="text"/> x <input type="text"/> =	0.00
Multiple Dependent			<input type="text"/> =	

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

** or number previously paid, if greater; For Reissues, see above

(Complete if applicable)				
Name (Print/Type)	Melissa J. Pytel	Registration No. (Attorney/Agent)	41,512	Telephone (301) 610-5764
Signature			Date	January 9, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

There Patent Application of:
et al.

Docket No.: PF400D1C1D1

Application No.: 10/657,146

Confirmation No.: 1672

Filed: September 9, 2003

Art Unit: 1642

For: Human IRAK-2

Examiner: Not Yet Assigned

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

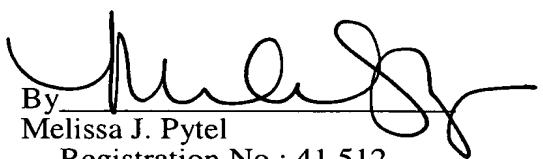
Sir:

In accordance with the Notice entitled "Pre-Grant Publication Helpful Hint" published in the Official Gazette on October 9, 2001, the above identified application was filed with a new, clean-copy of the specification and claims incorporating amendments made during prosecution of the parent application (Application No. 09/773,753). As a convenience to assist the Examiner, please find enclosed a marked-up copy of the specification and claims showing the previous amendments incorporated into the present specification. Amendments in the marked-up copy are indicated by underlining showing text inserted and strikethrough showing text deleted.

Applicants believe no fee is due in connection with this submission. However, if a fee is due, please charge such fee to our Deposit Account No. 08-3425. A Fee Transmittal sheet (in duplicate) is attached.

Dated: January 9, 2004

Respectfully submitted,

By 
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